



CITY OF HOMER  
REQUEST FOR PUBLIC RECORDS

RECEIVED BY DEPT.

Name/Organization : \_\_\_\_\_ Requested by: \_\_\_\_\_

Address City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

Email: \_\_\_\_\_

NOTE: Requests for Patient Care reports require identity authentication such as a Driver's License or Government issued picture ID. PLEASE  
NOTE IF YOU REQUEST AUDIO, VIDEO OR PICTURES DEPENDING ON THE FORMAT THESE MAY INCUR ADDITIONAL CHARGES.

Are you involved in litigation or appeal with the City of Homer? Yes ☐ No ☐

If so, which case(s): \_\_\_\_\_

Does this request pertain to the above litigation? ☐ YES ☐ NO

LIST THE DOCUMENTS REQUESTED. PLEASE BE AS SPECIFIC AS POSSIBLE REGARDING THE DOCUMENTS YOU ARE REQUESTING TO AID IN OUR  
RESEARCH. When you are finished please review the information you have provided and fax form to 907-235-3143, or scan and email to  
clerk@ci.homer.ak.us or bring the form to the Clerk's Office.

How would you like the documents delivered?

Email	Fax	Will Pick Up	US Mail	Review Only
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I acknowledge and agree to pay the following charges for documents requested: \$0.25 for each page copied/faxed or sent via email. I understand research is limited and will be charged under Production Fees - each requestor in a calendar month that exceeds 5 hours will be charged the employee's actual salary plus benefit costs. An estimate can be prepared and the requestor must deposit the estimated production and copying fees in advance if the documents requested are numerous. If the actual costs are greater than the estimate, the records will not be released until the difference is paid. If the actual amount is less than the deposit the difference will be refunded. There is no fee for simple inspection unless request exceeds 5 hours in calendar month. Please refer to HCC 1.80 and the Regulations Concerning Public Records Inspection for further information governing the release of records. Payment can be in the form of cash or check made payable to the City of Homer. Use of a credit or debit card for amounts \$10.00 and over may be used for payment also.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Approved ☐ Denied ☐

Department/City Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

APPEAL PROCEDURE: Denial of your request may be appealed to the City Council. If the Council upholds the denial of your request you may file an appeal with the Superior Court. Dept. or City Manager's

Faxed to: \_\_\_\_\_ on \_\_\_\_\_ by \_\_\_\_\_